

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 04/19/01 through 10/19/01?
b. The request was received on 02/22/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC-60
 - b. TWCC-66a
 - c. EOBs
 - d. Letter regarding Medical Necessity written by the prescribing physician
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC-66a
 - b. Audit summaries/EOBs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Medical Review case file contains only the initial request for dispute resolution, received on 02/22/02, and the carrier's response, received on 04/17/02. The case file does not contain a record of notification per Rule 133.307 (g)(4). All documentation will be viewed as timely.

III. PARTIES' POSITIONS

1. Requestor: The request does not contain a written position statement.
2. Respondent: Letter dated 04/16/01
"The billed charges from 04/19/01 through 10/19/01 from (Requestor) are denied as not treating doctor. Our records do not indicate that ____ is the treating doctor for this injury. We also do not show that a TWCC-53 has been filed to change the treating doctor. Please note that no current medical has been submitted to relate these charges to this injury."

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only dates of service eligible for review are 04/19/01 through 10/19/01.
2. The carrier's EOBs use the denials "N – PAYMENT FOR THIS CHARGE IS NOT RECOMMENDED WITHOUT A STATEMENT DOCUMENTING MEDICAL NECESSITY" and "A – PRE-AUTHORIZATION NOT OBTAINED."
3. The Carrier's response contains EOBs with an audit date of 03/01/02 that has the denial "L – NOT TREATING DOCTOR." The audit date on these EOBs is after the date the dispute was filed and the denial reflected on them will not be addressed.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
04/19/01 05/18/01 06/18/01 07/17/01 09/19/01 10/19/01	Zydane 10-400mg (120 units) on each DOS	\$104.69 \$104.69 \$104.69 \$104.69 \$104.69 \$104.69	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	N N N N N N	\$104.69 \$104.69 \$104.69 \$104.69 \$104.69 \$104.69	Pharmaceutical Fee Guideline (II)(D)	The carrier's EOBs request documentation of medical necessity. The provider's dispute packet contains a letter from the prescribing physician that discusses medical necessity of the Rx prescribed. However, the letter does not reference the date of injury, which is 01/31/00. This letter indicates the Rx is needed as a result of "arthroscopic surgery on the right side on 07/16/98." This is 1 ½ years before the date of injury. The dispute packet does not contain documentation of medical necessity regarding the 01/31/00 injury. Therefore, no reimbursement is recommended.
08/20/01	Zydane 10-400mg (120 units)	\$104.69	\$0.00	A	\$104.69	Texas Workers' Compensation Act & Rules, Rules 134.600 & 133.304 (c)	Pharmaceuticals do not require preauthorization per Commission Rule 134.600. Therefore, reimbursement of \$104.69 is recommended for DOS 08/20/01.
Totals		\$732.83	\$0.00				The Requestor is entitled to \$104.69 reimbursement.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$104.69 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 28th day of May 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.